

STATE OF RHODE ISLAND DISTRICT COURT

SUMMONS

DIVISION	COUNTY		CIVIL ACTION - FILE NO.
PLAINTIFF		PLAINTIFF'S ATTORNEY	· I · · · · · · · · · · · · · · · · · ·
	VC	ADDRESS	<u> </u>
DEFENDANT	vs		
		DEFENDANT'S ADDRES	s
complaint which is her	moned and required to ewith served upon you ne original must be file	. Your answer must be made viden writing with this court. If you	y, whose name and address appears above, an answer to the rithin 20 days after service of this summons, exclusive of fail to do so, judgment by default will be taken against you
	eo in me complaint,		<u> </u>
DATE		CLERK	-
		· ·	
	<u> </u>		<u> </u>
		PROOF OF SER	VICE
		served a copy of this summor aving said papers in the following	es and a copy of the complaint received herewith upon the ng manner:
		. ,	it the address entered below, with a person rein.
	☐ to an agent nam	ed below authorized by appoin	tment or by law to receive service of process. as noted on the reverse side.
ADDRESS OF DWELLIN	G OR USUAL PLACE OF	ABODE	
NAME OF AUTHORIZED	AGENT OF PERSON C	F SUITABLE AGE	<u>-</u>
DATE		DEPUTY SHERIFF CON	STABLE
			

032D (6/84)

SERVICE FEE \$_____